

## Attachment 3

### Office of Administration

### Commissioner's Office

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_Lutheran Family and Children's Services\_\_\_\_

Subcontractor: \_\_\_\_Lutheran Family and Children's Services\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_ Date Enrolled 2/7/2017

| Proposed Purchase Date | Item              | Total Cost<br>(include formal estimate<br>from provider of<br>services) | Justification, include other<br>sources of funding that have<br>been attempted                                  |
|------------------------|-------------------|---|---|
| 3/3/2017               | Birth Certificate | \$15  | Client needs child's birth<br>certificate in order to get into a<br>shelter. No other funding<br>sources known. |
| Amt to be reimbursed   |                   | <u>\$15</u>   |   |

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only.*

Authorized person requesting purchase: 

Purchase is Approved \_\_\_ Denied \_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_